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ABSTRACT

Text, illustrations and exercises are utilized in these six learning modules to instruct patients in the treatment of special health care problems. The first module, "A Bladder Emptying Routine for the Incontinent Patient" by Reba Douglass Grubb, describes methods for reestablishing bladder control. The second module, "Care of the Ileal Conduit Drainage System" by Christine Wineman, discusses the assembly and hygienic maintenance of appliances used for daytime and nighttime drainage. The third module, "Sink or Swim, Diuretic Effects" by Joan Newbury, examines the symptoms and prevention of potassium loss that may accompany the intake of diuretic pills. The fourth module, "Self-Irrigation of Your Colostomy Using the Bulb-Syringe Method" by Marla Twait, details requisite equipment and procedures. The fifth module, "Bowel Control of a Sigmoid Colostomy" by Donna J. Brewer, describes materials and procedures used in colostomy irrigation. The sixth module, "Giving an Enema to an Adult or Up the Down Staircase" by Clarice R. Bates, teaches the learner about equipment, positioning, and precautions to take. Each module describes and illustrates procedures, provides reinforcement exercises with immediate feedback, and concludes with a post-test and an accompanying answer key. The time required to complete the modules ranges from 20 to 30 minutes. (JP)

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HEALTH INSTRUCTION PACKAGES:

CONSUMER -- Treating Your Condition

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A PROJECT OF THE LEAGUE FOR INNOVATION IN THE COMMUNITY COLLEGE

A BLADDER EMPTYING ROUTINE FOR THE INCONTINENT PATIENT

By

Reba Douglass Grubb

Lauren Richardson, Illustrator

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TITLE OF PACKAGE:	A Bladder-Emptying Routine for the Incontinent Patient
AUTHOR:	Reba Douglass Grubb
INSTITUTION:	Tucson Medical Center, Tucson, Arizona
INTENDED STUDENTS:	Incontinent Patient
ESTIMATED WORKING TIME:	30 Minutes
MATERIALS NEEDED:	Bedpan or Urinal (for bed patient); Commode, Chair
REVISED:	Nov. 15, 1977

Note: For the most effective use of this unit, a nurse or other health professional should watch the patient's demonstration of Crede's method (Page 8) and discuss the method with the patient.

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When normal control of the bladder is disturbed, it's necessary to establish a new habit of control. Matching your liquid intake to elimination on a regular schedule can help set new patterns.

As you use this self-learning unit to establish a new routine for bladder control, you will list signs (auras) of a full bladder, describe positions and methods to encourage bladder-emptying, prepare a daily schedule, measure and record your liquid input and output.

Turn the page and begin your path back to bladder control. When you reach Page 8, you will want to ask the nurse or other health professional who gave you this package to watch you demonstrate a very important part of bladder control, Crede's Method.

PRACTICE EXERCISE 1

Each individual has a normal routine which is established during the infant toilet training period and modified as the individual ages.

Question 1 is included so you can think back to when you were not incontinent, also, to help you think of a goal that could be attainable.

Practice Question 1

In your own words write down the answer to what you consider would be a normal bladder-erupting routine for you. As a beginning, how often during a four-hour interval did you normally empty your bladder when you were not incontinent?

Feedback

By thinking about your earlier patterns, you are on your way to a normal routine which you once had. This can serve as your goal. With more practice, it is possible to regain the habit of bladder control.

PRACTICE EXERCISE 2

To assist in gaining control it is important that you learn to associate certain signs (auras) with a full bladder. If you "feel" a full bladder, you can learn to empty as regularly as possible. This practice will increase the interval between the times you empty your bladder.

Full Bladder Auras or Signs

a) sweating

b) chills

c) restlessness

d) goose pimples

e) hair standing on end

f) paling

g) coldness

Practice Question 2

There are specific signs or AURAS which indicate to you that your bladder is full. In your own words describe five of them.

Feedback

If you have listed five of the auras from the input section you have answered the question. You may also have added some auras that you have had other than those listed.

PRACTICE EXERCISE 3

Positioning

The best position is for you to sit on a beiside commode or in the bathroom. A chair is placed with its back to you so you can lean forward with support.

If you cannot sit on side of bed, sit in bed with:
(1) back rest up
(2) back supported
(3) bedpan squarely under you
(4) knees flexed and supported on pillows.

If you can dangle legs over side of bed;
(1) Place a chair with back toward you
(2) Lean comfortably on chair back

PRACTICE QUESTION 3

Certain anatomical positions are the best for training the bladder to empty. (write answers to a), b), c) on a separate sheet of paper)

a) If you are able to get out of bed, where would you go to practice? What position would you assume?
b) If you are on bedrest and cannot sit on the side of the bed, how could you sit up comfortably and what position would you assume?
c) If you are on bedrest but allowed to "dangle", what position would you assume?

Feedback

Check your answers with the input on "Positioning".

Perhaps you want to review Page 6 before continuing to the next exercise.

PRACTICE EXERCISE 4

Bladder emptying methods

A. 1) Sit up and bend forward.

2) Do a few pushups (if possible).

Pushups after voiding will help to pass more urine and possibly empty the bladder.

B. CREDE'S Method

Sit erect and apply light pressure on bladder area with clasped hands.

This is a rolling motion, the palms pressed inward, the thumbs downward, in the direction of the urethra. Caution must be exercised not to apply pressure inward alone, or upward, since this may cause backflow of the urine into the ureters.

C. A running faucet might be stimulating to you, but the noise often prevents you from hearing (which might be your only method of knowing) the passing of urine.

Practice Question 4

Bladder-emptying methods vary wth the individual. a) List at least three that may be used to stimulate bladder emptying. b) Demonstrate Crede's method and discuss the precautions with your nurse. c) The faucet is running full force to stimulate the urge to urinate. What negative reaction may this have?

Feedback 4

a) Your list should contain the following:

Sit up and bend forward
Do pushups
Crede's Method

b) The nurse will help you demonstrate until you feel comfortable with the method.

c) It may keep you from hearing when you urinate.

PRACTICE EXERCISE 5

Guide to

Daily Fluid Intake (in addition to regular meals)

a) child: 2000 cc
adult: 3000 cc

b) Fluids include: water, juice, soup, milk, jello, ice cream, soda pop, punch, etc.

Sample Practice Schedule

1) 6:00 a.m. - bedpan, urinal or up to commode
2) 7:30 a.m. - breakfast with 16 oz. liquid, if possible
3) 8:00 a.m. - bedpan or up to commode
4) 9:30 a.m. - juice or water; 4-6 oz.
5) 10:00 a.m. - bedpan

a) Repeat this schedule throughout the day until bedtime.

b) At bedtime use the bedpan/urinal/commode just before sleeping.

c) After one week of practice, increase the interval between bladder-emptying from two to four hours.

PRACTICE QUESTION 5

a) Make up a daily schedule of training

b) What is the first activity to be listed?

c) What should be done just before sleeping?

FEEDBACK 5

a) Your schedule should conform to the one on page 10, beginning with bladder emptying every 2 hours and working up to 4-hour intervals over a week's time.

b) If you answered use of the bedpan, urinal or commode, you are correct!

c) Use bedpan, urinal or commode

PRACTICE SESSION 6

MEASURING

It is important to know the effect of liquid intake on your elimination. Your intake and output must be measured.

RECORDING

An accurately kept record of all intake and output is vital to the beginning schedule, and especially when a routine is finally achieving a goal. These are used to compare progress. Each activity and result is recorded.

If you're in the hospital, the nurse will follow the doctor's orders on recording and show you how to keep records at home.

SAMPLE RECORD

INTAKE			OUTPUT		
TIME	AMT.	TYPE	TIME	AMT.	DESCRIPTION
0600	240cc	JUICE	0730	50cc	COMMODE

PRACTICE QUESTION 6

a) There is an important reason why intake and output of fluids are measured. In your own words state the reason.

b) What should be recorded; (1) at home? (2) in the hospital?

FEEDBACK

a) Your answer should state that the measuring of liquid intake will help to determine the amount of output expected

b) 1) Intake and output should certainly be recorded at home so the doctor can keep a check on your daily routine.

2) In the hospital the nurse will follow the doctor's orders on recording just as you will follow them when you are discharged home.

PRACTICE EXERCISE FOR OVERALL OBJECTIVE

We have now discussed how to plan a normal bladder routine for you to practice.

As a final practice before accepting this as your plan, lay your packet to one side and in your own words, describe in writing what you think is a logical sequence of the steps used in planning the routine.

Feedback

Now that you have practiced and have seen what could be the result of an established routine you are ready to really work at accomplishing a routine. Your results will be measured over a period of time as you apply what you have learned. Do not become discouraged. Keep to the schedule for it is only by practice that a habit is formed. Your well-being will be intensified and this is worth all of the effort.

You should have written,

1. Choose routine
2. Describe aura of full bladder
3. Select best possible position
4. Select best method
5. Measure and record intake and output

SELF-TEST

1. What is your idea of a normal bladder routine?

2. Specify five auras (signs) that are associated with a full bladder.

3. What is the best possible anatomical position to induce bladder emptying? a) _____

   b) Describe the best possible anatomical position if you cannot sit on the side of the bed. _____

   c) If you can dangle legs over side of bed _____
   _____

4. a) Indicate three methods that may be used to stimulate bladder emptying.
   b) Demonstrate Crede's method and discuss the precautions that should be used.
   c) What negative reaction might result from the use of a faucet with running water as a stimulation method?

5. a) Why is a daily schedule important in bladder training?

   b) What is the first activity that should be listed on the schedule?

   c) What activity should be done just before sleeping?

6. Why is measuring the intake and output important?

7. What things are recorded?

SELF-TEST ANSWER KEY

1. Your own conception of normal routine.

2. Sweating, chills, restlessness, goose pimples, paling, coldness, hair standing on end

3. a) Up onto the toilet or bedside commode leaning comfortably on chair back
   b) Raise back rest, support with pillows, place bedpan squarely underneath, flex knees and support them with pillows
   c) Lean comfortably on chair back placed near bed.

4. a. 1. Sitting up and bending over.
      2. Doing a few pushups (if possible)
      3. Crede's method

   b. Sit erect and apply light pressure on the bladder area.

      1. Clasp hands with palms outwards and thumbs down
      2. Place the back of the clasped hands against the bladder area
      3. Lightly press inward with hands and roll the hands over and down and repeat rolling action two or three times.

Caution -- pressure applied inward or upward above may cause a backflow of the urine.

   c. Although the running water may be stimulating, the noise often prevents you from hearing the passing of urine if you have no sensation when urinating.

5. a) To provide a routine of time patterns in an attempt to establish a substitute for normal control
   b) To use bedpan, urinal or commode
   c) Use bedpan

6. a) To correlate liquid intake with elimination

7. a) 1. Type of liquid, amount and time of intake
      2. Amount of fluid output
   c) Each activity and result is recorded

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CARE OF THE NASAL CONDUIT DRAINAGE SYSTEM

By

Christine Wineman, RN

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TITLE OF PACKAGE:	Care of the Ileal Conduit Drainage System
AUTHOR:	Christine Wineman
INSTITUTION:	Huron Memorial Hospital, Bad Axe, Mich.
INTENDED STUDENTS:	Ileal Conduit patients, members of family, nurses, anyone working with an Ileal Conduit
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	face plate (mounting ring); drainage bag; black rubber ring; rubber band; drain plug; belt; adhesive solvent; cloth, washcloth; container for urine; night drainage bag; ½ cup water

FIELD TEST VERSION

NOTE: Effective use of this unit requires that materials listed above be made available and that a second person assist the patient/student.

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INTRODUCTION

Caring for an Ileal Conduit drainage system can seem complicated and messy if you are not sure how to go about it. Once you and the person assisting you, whether it be a nurse, a member of the family, or a friend, complete this package then you will be able to:

- describe the basic function of an Ileal Conduit
- list the equipment necessary for application of the appliance
- assemble the appliance
- apply the appliance by putting on the cement and attaching the appliance with assistance
- empty the drainage bag
- convert the appliance for night time drainage
- can remove the appliance from your skin

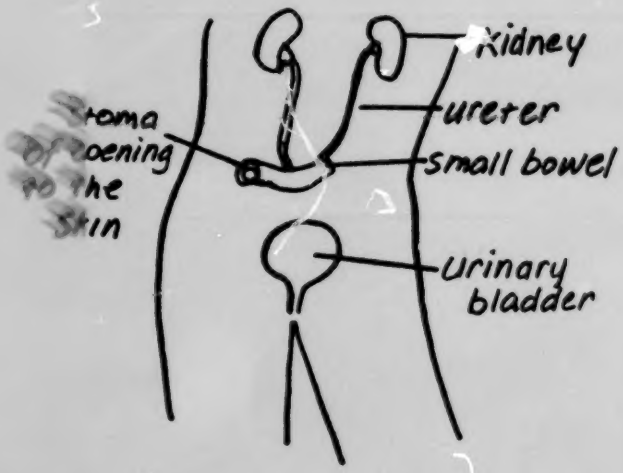
The equipment is before you so get familiar with it.

PRACTICE EXERCISE #1

When a person has an untreatable blockage of the waters or has damage to the bladder that cannot be repaired then another passage for urine must be provided. The surgical procedure that remedies this is an Ileal Conduit. The Ileal Conduit is a portion of the small bowel and is used as the bladder. The ureters are then attached to the section of bowel to promote the passage of urine. A stoma, opening on the skin, to the right side of the abdomen provides an opening for the passage of urine to outside the body.

Let's test your knowledge.

1. What is the basic function of the Ileal Conduit?

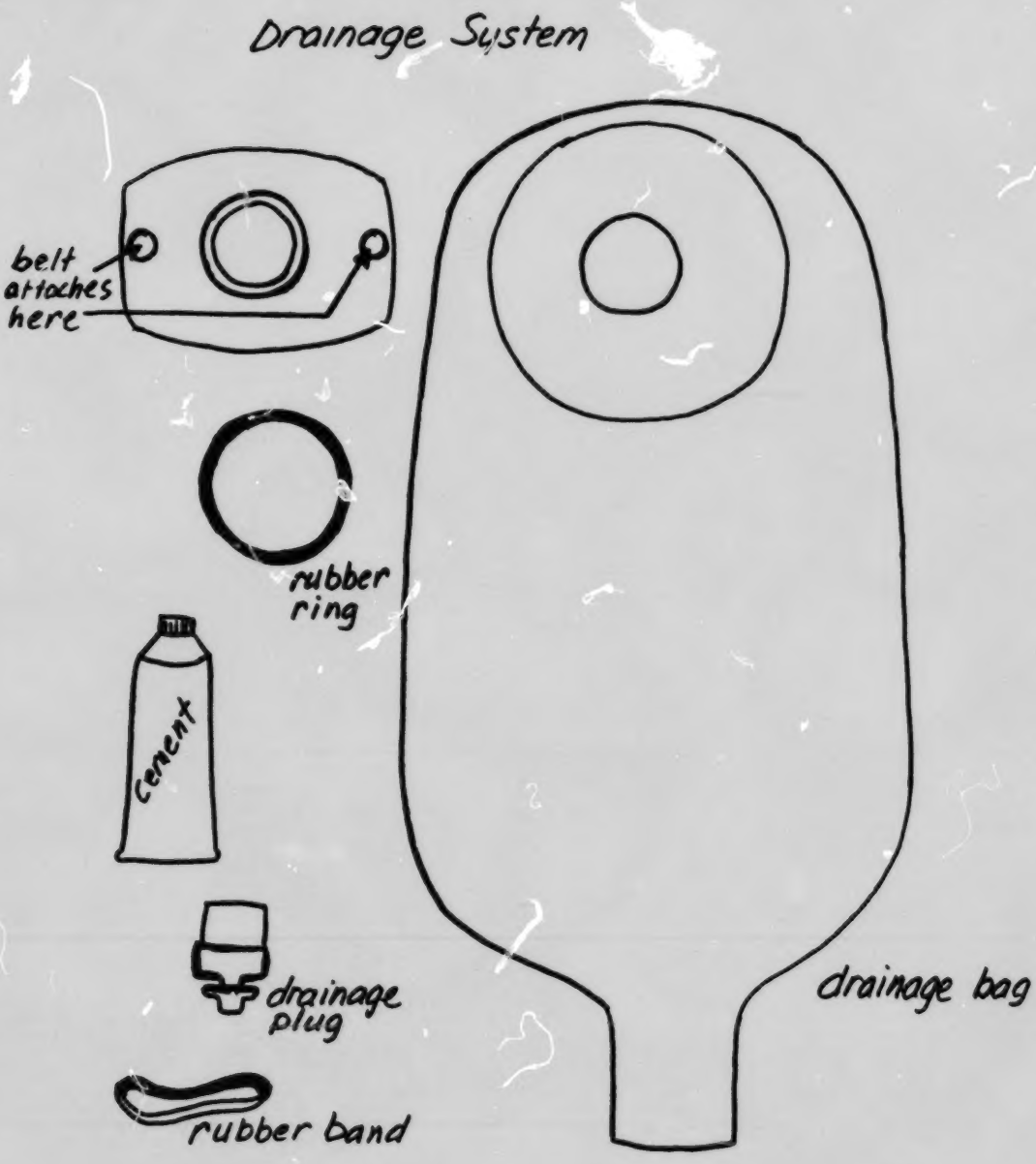


FEEDBACK

If you answered that it provides a passageway for urine, you are correct! The urine flows from the kidneys, down the ureters, into the segment of bowel, and then outside the body through the stoma on the abdomen.

PRACTICE EXERCISE #2

The stoma cannot open and close to control the flow of urine, therefore, the stoma must have a collection bag for the urine. One of these systems is Marlen drainage systems. It consists of a face plate, black rubber ring, drainage bag, a rubber band, drainage plug, cement, and belt. All of these items make up the collection system for the Ileal Conduit. (See diagram)



2. Can you pick out the supplies needed for the assembly of the appliance and identify them with the diagram?

FEEDBACK

Recheck your list with the diagram. Did you match up all the supplies with the diagram? It's very important to have your supplies gathered before you begin.

LOOK AT THEM!

TOUCH THEM!

GET THE FEEL OF THEM!

PRACTICE EXERCISE #3

The assembly of the appliance can be accomplished in a few short steps. You may have some trouble with this. I hope you're not quite as clumsy as I was the first time you put it together. It does improve with practice, though.

The main part of the appliance is the face plate. The flat surface is cemented to the skin, the drainage bag is attached to it, and the belt is fastened to it.

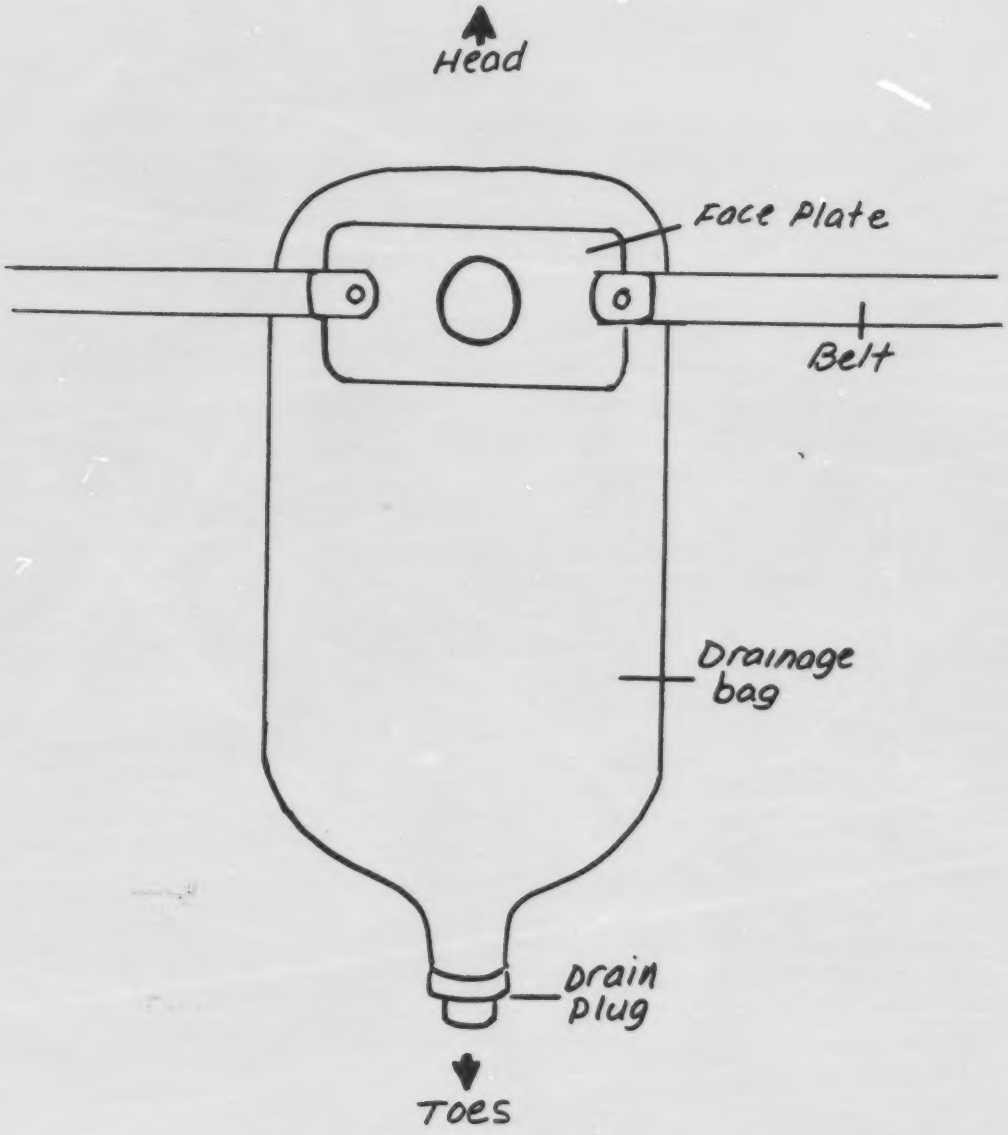
Now, to the assembly!

1. Insert the ridge of the face plate into the hole at the top of the drainage bag. This is a tight fit, so you might have to struggle with it.

2. Stretch the black rubber ring over the face plate and let it snap into place between the plastic flap and the drainage bag. You will have to adjust the plastic flap after the black ring is in place. (Check diagram for placement of the drainage bag on the face plate).

3. Insert the drain plug into the narrow opening at the bottom of the drainage bag. The narrow end goes down. The flatter, wider end, fits in the bag. Hold the plug in place while winding the rubber band tightly around the drainage bag over the drain plug.

4. Tighten the drain fitting in the plug. DO NOT OVER-TIGHTEN.



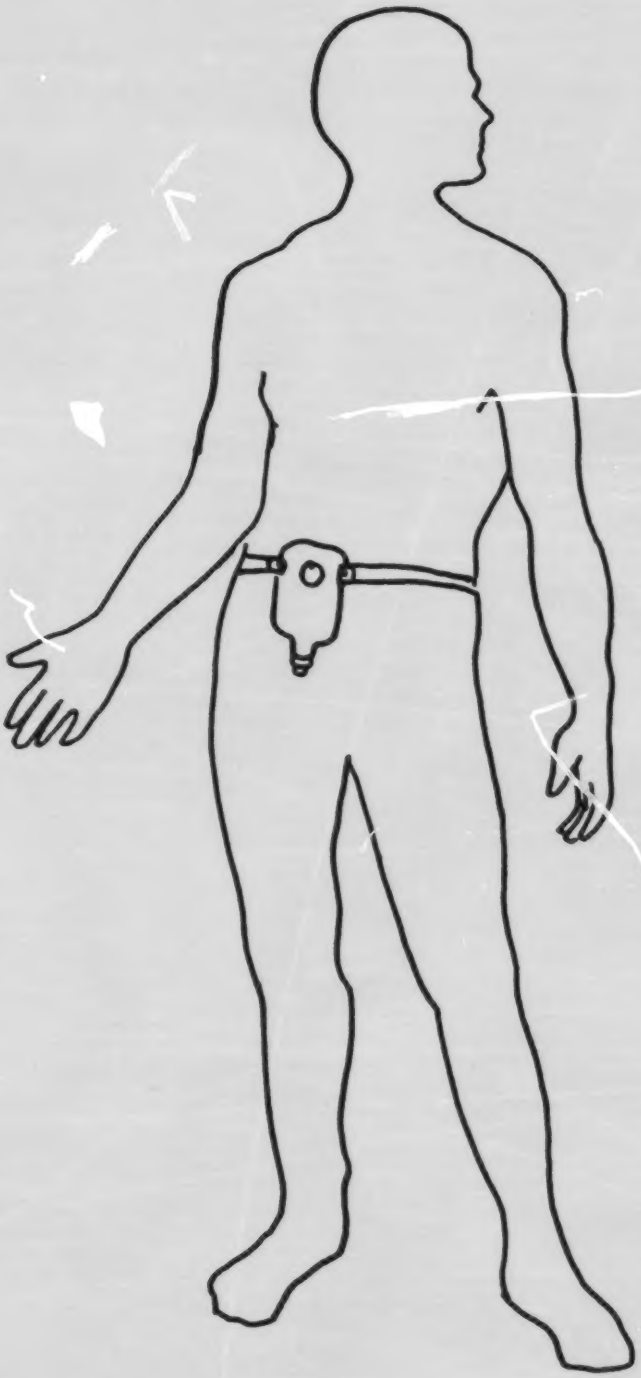
3. Assemble the appliance so that it is ready for application.

FEEDBACK

Have your assistant check the appliance to make sure all the fittings are tight and the bag is positioned properly (See diagram). Checking the appliance will prevent leakage after it's in place.

PRACTICE EXERCISE #4

When the appliance is assembled and ready to be attached, the skin is prepared. To prepare the skin, you wash around the stoma with soap and water. Be careful not to let the soap or cement go inside the stoma. Dry thoroughly. Apply a thin layer of cement to the face plate on the flat side. Let this dry about 30 sec. to 1 minute. Also, apply a thin layer of cement to the patient's skin around the stoma, covering the same amount of surface as the plate will cover. Let this dry 30 sec. to 1 minute. (While you are applying the cement, it is advisable to plug the stoma with a piece of gauze). The cement will lose its effectiveness if it's wet with urine. When the cement is tacky to your touch, place the two cemented surfaces together. Make sure the drainage bag is pointing towards your toes. Hold in place until dry. Attach the belt to the plate. Test the edges of the plate to make sure they are secure. Lay flat for a few minutes so the plate can conform to your body.



4. Which surfaces is the cement applied to? How long (seconds, minutes) should you wait before the cement is ready for application?

FEEDBACK

The cement is applied to the patient's skin and to the flat side of the face plate. The cement won't be ready until one minute after application. The cement will be tacky to your touch.

PRACTICE EXERCISE #5

You've gotten through all of the hard tasks, now for the easier ones. Emptying the drainage bag is a simple task. Have a container ready for the urine to drain into. Place the container below the drain plug. Unscrew the drain plug one turn and the urine will flow and prevent further drainage from the bag.

5. Demonstrate how to empty the bag.

FEEDBACK

[illegible] through the drain plug, then you've done it correctly. If it leaks a little bit, just tighten the rubber band and try it again.

PRACTICE EXERCISE #6

To set up the system for night time drainage, unscrew the insert of the drain plug completely and set the insert aside. [illegible]

6. Set up the night drainage system.

[redacted]

[redacted] the drainage system are tight.

The connections, the drainage bag and plug should be tight

where it screws into the plug.

CHECKLIST FOR THE ASSISTANT

[illegible] attitude [illegible] the patient [illegible] the [illegible] or she has an ideal conduct. Some of his attitudes may come out during the procedure. Therefore, is the patient:

	YES	NO
Watching the procedure closely?	___	___
Occasionally nodding agreement?	___	___
"Putting off" the procedure?	___	___
Asking Questions?	___	___
Requesting additional information?	___	___
Accepting of the procedure in general?	___	___

Please do not write on this page - use the Answer Sheet.

POST-TEST

1. [illegible] Conduit? _____

_____

2. List the equipment necessary for the use and application of the appliance?

a. e.

b. f.

c. g.

d.

3. Demonstrate how to assemble the appliance. (Do not refer to the written procedure.)

4. Demonstrate how to attach the appliance. (Use assistance as needed.)

5. Empty the drainage bag.

6. Describe how you would convert the drainage system for night time [illegible] _____

_____

7. Demonstrate the proper removal of the appliance.

I did like the self-instructional package because _____

_____

_____

I didn't like the package because _____

_____

_____

ANSWER KEY FOR THE POST TEST

1. The purpose of the Ileal Conduit is to promote the passage of urine through the abdominal wall when the bladder is unable to function.
2. Equipment necessary:

drainage bag	____	____
face plate	____	____
belt	____	____
black rubber ring	____	____
drain plug	____	____
rubber band	____	____
cement	____	____

3. During the assembly of the appliance:

   Did you have to assist the patient?

   If so, at what step? _____

4. Assist the patient as needed with the application of the appliance. Is the plate secure and in the proper position?

   ____ ____

5. The urine should flow out the drain plug if the patient has opened it properly.
6. To convert the drainage system for night time drainage you remove the insert from the bottom of the drain plug and screw in the large drainage bag.
7. The cement must be completely removed. There should be no tissue damage to the area surrounding the stoma.

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SINK OR SWIM, DIURETIC EFFECTS

by

Joan Newbury, R.N., B.S.N.

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TITLE OF PACKAGE:	Sink or Swim
AUTHOR:	Joan Newbury, R.N., B.S.N.
INSTITUTION:	Hackensack (N.J.) Hospital
INTENDED STUDENT:	Patients
ESTIMATED WORKING TIME:	20 minutes
MATERIALS NEEDED:	None
REVISED:	Nov. 15, 1977

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INTRODUCTION

So you're taking a water pill!

Do you know why?

Do you know what happens when you do?

Would you like to know more?

Turn the page .....

PRACTICE EXERCISE # 1

Input

Mr. J has visited his doctor. Dr. H said, "You need to get rid of that extra fluid. Just look how swollen your feet, fingers and eyes are. Your blood pressure is up too. I'll give you these pills - take one every day to remove the fluid."

The pills described are diuretics, also called a "water pill" or "fluid pill".

Practice Question

A diuretic is also called _____

Feedback

Water pill.

Fluid pill.

PRACTICE EXERCISE # 2

Input

Mr. J does as he is told and takes his pill every day. He visits the bathroom more often. "Gee, what's happening to me?" he wonders.

But then he remembers the nurse telling him he would urinate more since this is how he would lose the extra fluid.

"Well, this may be expected but it sure is a nuisance", he thought.

Practice Question

A diuretic or "water pill" removes extra fluid by _____

Feedback

Urinating more often. This response to the water pill is expected and wanted.

PRACTICE EXERCISE #3

Input

Mr. J was losing the fluid, but he was also losing a chemical his body needs. This chemical is potassium.

Losing potassium is not desirable and is considered a side effect that may occur with many (not all) diuretics.

Dr. H wanted Mr. J to lose fluid but not the potassium.

Practice Questions

1. Which diuretic effect is desired?
2. Which diuretic effect is not wanted?

Feedback

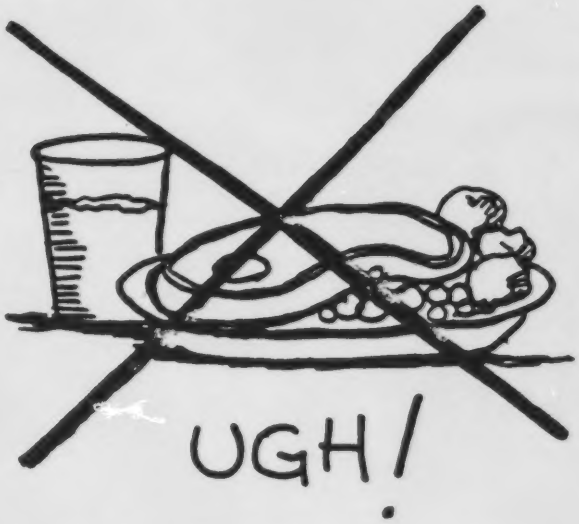
1. Losing fluid or removing water.
2. Potassium loss.

PRACTICE EXERCISE # 4

Input

Two weeks later, Mr. J. could remove his ring, tie his shoes and had no more puffy eyes.

"I don't feel so heavy anymore and I weigh less, but maybe its because I don't feel like eating. Food really turns me off now."



"My legs are cramping and I feel so washed out", he told his friend.

PRACTICE EXERCISE # 4 (con't)

Poor appetite
Leg cramps
Lack of energy

are signs of potassium loss.

Practice Questions

1. Did the Diuretic work for Mr. J.?

2. How do you know?

Feedback

1. If you said yes, you are right! If you said no, please re-read # 3.

2. His ring fit properly
   His shoes fit
   he lost weight
   his eyes were no longer puffy

PRACTICE EXERCISE # 5

Input

"I'm not going to work today. I haven't eaten and I'm too tired to do anything. I'll stay home", he told his friend. "I'll take a bath to ease my legs", he thought.

Practice Questions

1. Does Mr. J. know about potassium loss?
2. What were his symptoms?

Feedback

1. If you said no, you are right again! If you said yes- re-read text from the beginning; where was he told about potassium loss?
2. leg cramps
   no appetite
   exhaustion, fatigue, weak.

PRACTICE EXERCISE # 6

Input

Mr. J. continued taking his diuretic as instructed and would get dizzy when he got out of his favorite chair.

"This isn't right", he thought. I'll take my pulse - oh- oh- it seems slow and weak".

"Maybe it's the water pill - yet, I'm not urinating much anymore".

PRACTICE EXERCISE #6 (Con't)

Additional side effects of many (not all) diuretics are:

dizziness when rising

slow pulse

little urine output

Practice Questions

1. Were these symptoms desirable?
2. What are some symptoms of potassium loss that Mr. J was experiencing (from Practice Exercise #5) and what are three additional side effects he noticed (Practice Exercise #6)?

Feedback

1. No
2. He didn't eat; he had leg cramps; he had no energy. He was dizzy on rising; his pulse was slow; he didn't urinate much.

PRACTICE EXERCISE # 7

Input

Mr. J. felt so exhausted that he called the doctor.

"I think the water pills aren't working and I feel miserable. I'm not taking them anymore," he said.

Practice Question

What were his other symptoms?

Feedback

Dizziness when getting out of chair

Less urine output

Slow pulse

PRACTICE QUESTION # 8

Input

Dr. H. explained to Mr. J. that he should change his pill to every other day, but, "you still need the diuretic so the water won't return. Eat some food that's rich in potassium and you'll feel better", Dr. H. said.

Practice Questions

1. Will taking the diuretic less frequently help?
2. Will eating foods with potassium help?

Feedback

1. If you said yes - you are right on! Taking diuretics less often will reduce the side effects by not stimulating urine excretion so often.

   If you said no - please reconsider.

2. If you said yes - again you are right! The lost potassium can be replaced if potassium rich foods are eaten.

   If you said no - what do you think would help?

PRACTICE EXERCISE # 9

Input

Mr. J. asked his friend to do the shopping since he was still too tired. Mr. J. asked the nurse, while making his next appointment, for a food list of potassium rich foods. They are as follows:

Juices	Fruits	Vegetables	Other
orange	oranges	broccoli	nuts
grapefruit	bananas	spinach	peanut butter
prune	prunes	baked potatoes	cereal grain
tomato	dates	raw carrots	tea
pineapple	apricots	raw tomatoes	sanka
	raisins	asparagus	
	cantaloupe		
	pineapple		
	peaches		

Mr. J thought, "I'll give it a try - anything's better than feeling like this!"

Practice Question

Are your favorite fruits and vegetables on this list?

Feedback

If yes - Good! If you take a diuretic and eat these foods daily, you may not suffer like Mr. J.

If no - and you take a diuretic - watch out for symptoms of its side effects. What are they?

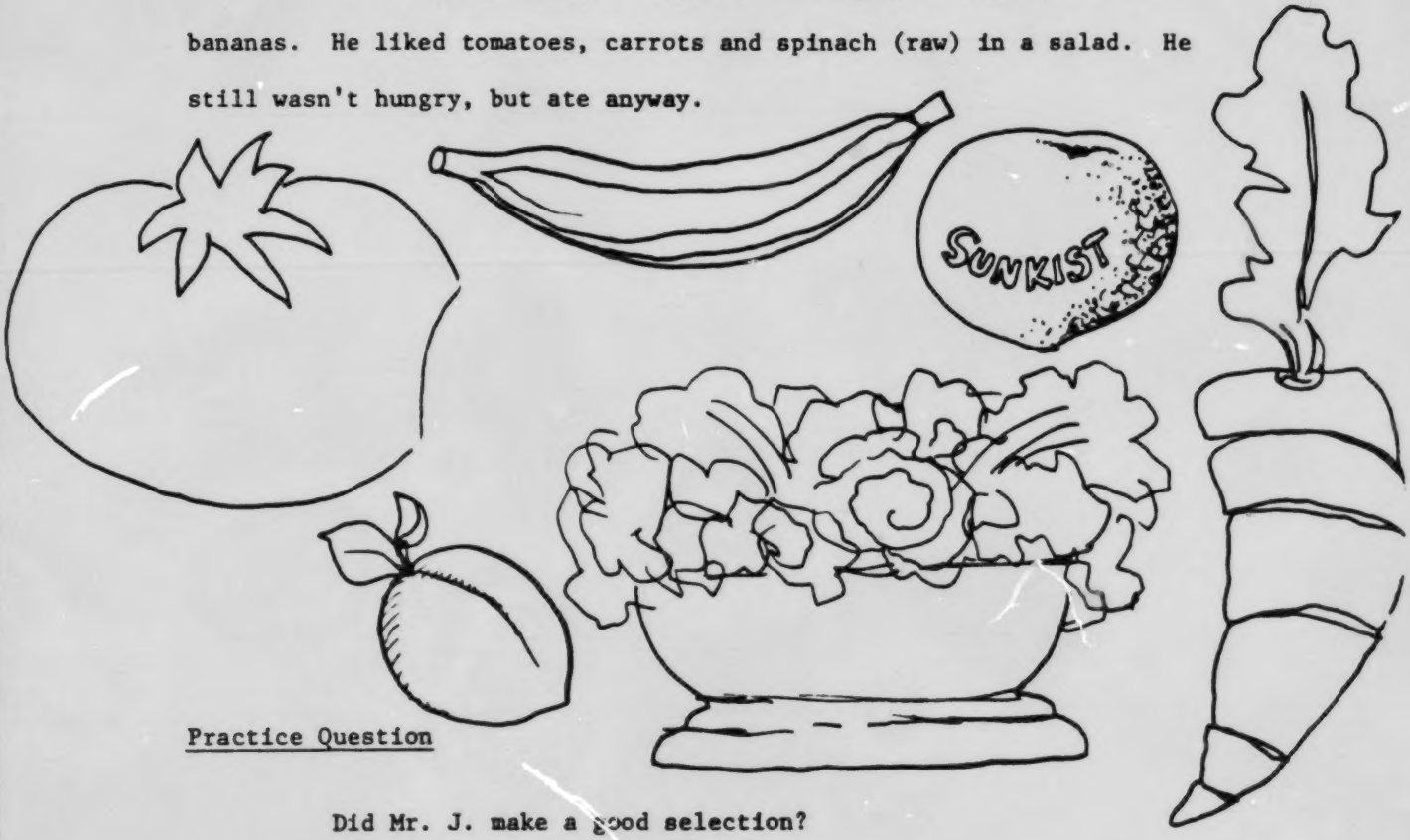
(sub-answer)

leg cramps	dizziness
no appetite	slow pulse
no energy	low urine output

PRACTICE EXERCISE # 10

Input

Mr. J. selected his favorites: orange juice, peaches and bananas. He liked tomatoes, carrots and spinach (raw) in a salad. He still wasn't hungry, but ate anyway.



Practice Question

Did Mr. J. make a good selection?

Feedback

If you answered "Yes", you understand that he will replace the lost potassium.

If "No", you should review the food list.

PRACTICE EXERCISE # 11

Input

A few days later, Mr. J. perked up! His legs didn't hurt, he enjoyed his new foods and did return to work.

"I'm glad I learned about potassium. I may need this water pill but I sure don't like their side effects! These potassium foods will put a stop to them, and I won't lose more time at work".

Mr. J. corrected the side effects of diuretic therapy, but had to go through them to learn about them.

Practice Question

Would this happen to you?

Feedback

If you said no - great - take the test to be sure!

If you said yes - you better question your physician about diuretics.

POST-TEST

Circle correct answers.

1. A diuretic is an agent:

   a. that promotes bowel movements
   b. that relaxes tight muscles
   c. that improves appetites
   d. that removes excess fluids by increasing urine output

2. A side effect is:

   a. two uses for one drug
   b. an overdose of a drug
   c. an action which is undesired but which may occur
   d. an action which is unexpected

3. A diuretic removes which chemical from the body?

   a. protein
   b. potassium
   c. vitamins
   d. calcium

4. Circle three signs of potassium loss:

   a. rash
   b. leg cramps
   c. no appetite
   d. nasal congestion
   e. sweating
   f. exhaustion

5. Circle three signs of undesired fluid loss:

   a. low urine output
   b. backache
   c. ringing in ears
   d. slow pulse
   e. dizziness when rising
   f. sore throat

6. How can you avoid potassium loss?

   a. Drink fruit juices every day
   b. Eat a Big Mac
   c. Eat fresh vegetables every day
   d. Drink tea or sanka

7. If you have some of the symptoms of side effects, you would

   a. continue your water pills and call the doctor
   b. stop taking the diuretic and call the doctor
   c. take your vitamins
   d. take two aspirins and go to bed

POST- TEST (con't)

Circle T if the statement is true and F if the statement is false.

8. T. F. A diuretic is also called a"water pill".

9. T. F. Potassium is a chemical the body can do without.

10. T. F. Potassium loss is a side effect of diuretic therapy.

11. T. F. Fresh fruits are a good source of potassium.

12. T. F. You should know what drugs you are taking for your own safety.

POST-TEST ANSWERS

1. d
2. c
3. b
4. b, c, f
5. a, d, e
6. a, c, d
7. b
8. T
9. F
10. T
11. T
12. T

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SELF-IRRIGATION OF YOUR COLOSTOMY USING THE BULB-SYRINGE METHOD

by

Marla Twait

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TITLE OF PACKAGE:	"Self-Irrigation of Your Colostomy Using the Bulb-Syringe Method"
AUTHOR:	Marla Twait
INSTITUTION:	Maryvale Samaritan Hospital, Phoenix, Ariz.
INTENDED STUDENTS:	Patients
ESTIMATED WORKING TIME:	30 Minutes
MATERIALS NEEDED:	One soft rubber bulb syringe (8 oz. bulb) with flexible plastic or rubber tip; one (32 oz) pitcher for water; one (3-inch diameter) plastic ring; disposable plastic sheath about 18 inches long; petrolatum (lubricating jelly); colostomy belt
REVISED:	Nov. 15, 1977

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SELF-IRRIGATION OF YOUR COLOSTOMY USING THE BULB-SYRINGE METHOD

You have a colostomy which you will need to irrigate every day, or as often as your doctor desires. Your doctor is allowing you to use the bulb syringe method. Now you will want to become comfortable irrigating your colostomy. This learning package has been made to help you quickly understand the important facts about irrigating your colostomy. Do not become discouraged while working this packet. Irrigating your colostomy is a skill you will become proficient at with actual practice.

Read on and learn the "how-to's".

Practice Exercise #1

The stoma (or opening) on your abdomen does not have voluntary muscular control and may empty at irregular intervals. The purpose of irrigating a colostomy is to empty the colon of gas, mucus and feces. Thus you will establish a regular pattern of evacuation so you can go about your normal daily activities without fear of fecal drainage. By having a regular pattern, you probably will not need to wear an appliance. You are also preventing skin breakdown by not having constant irritating fecal contents on your abdomen.

Practice Question #1

Describe two reasons why you irrigate your colostomy.

Answer

You are correct if you named two of the following reasons why you irrigate your colostomy.

* To empty the colon of its contents: fecal, gas, mucus.
* To establish a regular pattern of evacuation so you can pursue your normal life activities.
* To prevent skin breakdown due to irritating fecal contents.

Read on!

PRACTICE EXERCISE #2

There is no right or wrong place to do your irrigation. The most convenient and private place will probably be your bathroom since it is the easiest place to dispose of your fecal contents. Irrigate your colostomy at a regular time every day. By irrigating the stoma at a regular time there is less gas and retention of irrigating fluids; you will feel more comfortable and be less afraid of having an unexpected evacuation of fecal contents. It is also best to irrigate after a meal as ingestion of food stimulates peristalsis (movement of intestinal contents) and defecation.

Practice Question #2

a) Where will be the most convenient place to do your irrigation?

b) When should you irrigate your colostomy?

Practice Exercise #2

Answer

Very Good! Your bathroom will probably be the most convenient irrigating place. Remember, irrigate your colostomy at a regular time each day after a meal.

Practice Exercise #3

Irrigating with a bulb syringe is easy and it stimulates fecal return rather than washing it out. There is no prolonged trapping of water and no spillage during the day. Another asset to the bulb syringe method is that it requires very little equipment. You need only five pieces or equipment. (You probably already have a colostomy belt).

This equipment consists of:

1) One soft rubber bulb syringe (8 oz. bulb) with flexible plastic or rubber tip.
2) One (32 oz) pitcher for water.
3) One (3 inch) plastic ring.
4) Disposable plastic sheath about 18 inches long.
5) Petrolatum (Lubricating Jelly)

Practice Exercise #3

Without looking back jot down below what equipment you will need.

Practice Exercise #3

Answers

Did you name the five pieces of equipment?

You are correct if you listed:

1) Rubber bulb syringe
2) Pitcher
3) Plastic Ring
4) Disposable Sheath
5) Petrolatum (Lubricating Jelly)

Practice Exercise #4

You are now ready to irrigate your colostomy.

Relax, think about each step as it is listed.

1. Wash your hands -- this is important!
2. Collect your equipment and fill the pitcher with water - sit on the toilet, remove your dressing or bag.
3. Pull one end of your drainage sheath through the plastic ring and carefully fold edge over the ring.
4. Place ring over stoma and secure ring to the body using your elastic colostomy belt. Place the opposite end of the sheath between legs so that the outflow is directed into the toilet.
5. Pierce a hole in the sheath above the stomal opening (to prevent fluid leakage) to permit insertion of tip of syringe.

Now you are ready to begin the actual irrigation.

6. Fill bulb syringe with lukewarm water; expel all air.
7. Lubricate tip and insert about 3-5 inches into the stoma.
8. Apply continous pressure on the bulb to permit a

Practice Exercise #4 (Continued)

steady flow of water -- maintain pressure on bulb while syringe is withdrawn from stoma. Repeat steps No. 6-8 no more than three times.

9. To facilitate an adequate return of fecal contents, massage your abdomen and area around stoma, deep breathing may help also. Usually leaving the bag in place 15-20 minutes will be adequate time for a complete irrigation.
10. Remove the plastic sheath and wash your hands.

You have finished irrigating your colostomy, so now:

11. Cleanse your stoma with mild soap and water, pat dry.
12. Cover your stoma with a dressing or bag.
13. Clean equipment with soap and water, dry.

Do not be discouraged. Once you do your irrigation a few times the steps will become natural and easy to remember.

Practice Question #4

a) When should you wash your hands? _____

True or False?

b) The tip of the syringe should be inserted 3-5 inches

_____

c) Apply continuous pressure on the bulb to permit a steady flow of water _____

Turn the page and arrange the following in the correct order in which you would do your irrigation. Place the number in the left-hand blank. Try not to look back to the previous explanation.

Practice Question #4 (continued)

d)_____1) Fill bulb syringe with water, lubricate tip, insert into the stoma.

_____2) Wash your hands.

_____3) Remove plastic sheath and wash your hands.

_____4) Prepare plastic sheath and secure to your colostomy belt.

_____5) Collect your equipment, fill water pitcher.

_____6) Instill water by applying continuous pressure on bulb, repeat no more than 3 times.

_____7) Massage abdomen, deep breathe.

_____8) Clean and dry equipment.

_____9) Cover stoma with dressing.

_____10) Cleanse stoma.

STOP! Re-read the above. Did you put the steps in logical order? Turn the page for the correct answer.

Practice Exercise #4 (continued)

Answers

Remember, wash your hands before beginning your irrigation and when you finish it.

The syringe tip is inserted only 3-5 inches so the answer is true.

Again, the answer is true. Apply continuous pressure on the bulb to permit a steady flow of water.

The correct order of the colostomy irrigation steps:

4 1)
1 2)
7 3)
3 4)
2 5)
5 6)
6 7)
10 8)
9 9)
8 10)

You have completed the packet. Now please take the Self-Check on the following page.

SELF-CHECK

When completing test, check answers with answer sheet (next page)

1. Why do you irrigate your colostomy?
2. Where and when should you irrigate your colostomy?
3. List the 5 pieces of equipment needed for doing your colostomy irrigation?
4. a) What is the first and last thing you do when irrigating your colostomy?
   b) How far is the tip of the syringe inserted into the stoma?
   c) Is continuous pressure applied on the bulb?
   d) Briefly describe the important steps of self-irrigation of your colostomy.

The ideas in this package were:

Stimulating					Uninteresting
Important					Unimportant
Well-summarized					Too detailed
Explanatory					Confusing

Answer Key to Self-Check Questions

1. a) To empty the colon of fecal contents, gas, and mucus.

   b) A regular pattern of evacuation will be established.

   c) To prevent skin breakdown.

2. Irrigate your colostomy in the bathroom at a regular time each day after a meal.

3. Equipment needed:
   1. Rubber bulb syringe (flexible tip)
   2. Pitcher for water.
   3. Plastic Ring
   4. Plastic Sheath
   5. Petrolatum (lubricating jelly)

4. a) Wash hands.

   b) Syringe tip inserted only 3-5 inches into the stoma.

   c) Yes, continous pressure is applied and also maintained on the bulb while the syringe is withdrawn from the stoma.

   d) Refer to pages 5-6 in the booklet for the steps of self-irrigation.

      1) Wash hands
      2) Collect equipment, fill water pitcher.
      3) Prepare sheath and secure to colostomy belt.
      4) Fill bulb syringe, lubricate, insert into stoma.
      5) Instill water into stoma.
      6) Massage abdomen, deep breathe.
      7) Remove sheath, wash hands.
      8) Cleanse stoma.
      9) Cover stoma with dressing.
      10) Clean and dry equipment.

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BOWEL CONTROL OF A SIGMOID COLOSTOMY

by

DONNA J. BREWER, R.N., E.T.

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TITLE OF PACKAGE:	Bowel Control of a Sigmoid Colostomy
AUTHOR:	Donna J. Brewer
INSTITUTION:	Tucson (Ariz.) Medical Center
INTENDED STUDENTS:	Patients with colostomies
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	None

FIELD TEST COPY

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INTRODUCTION

A colostomy irrigation is designed to allow the person with a sigmoid colostomy to once again be in control of his or her own bowel movement. Once control is obtained, the person can return to whatever was his or her normal life style before surgery.

OBJECTIVES OF UNIT

In order to be able to control your bowel movements through the new opening on your abdomen (a stoma) by proper use of a colostomy irrigation, you will:

Identify the important characteristic of a sigmoid colostomy that makes control by irrigation possible

List equipment needed to perform irrigation

Describe the necessary preparation for irrigation

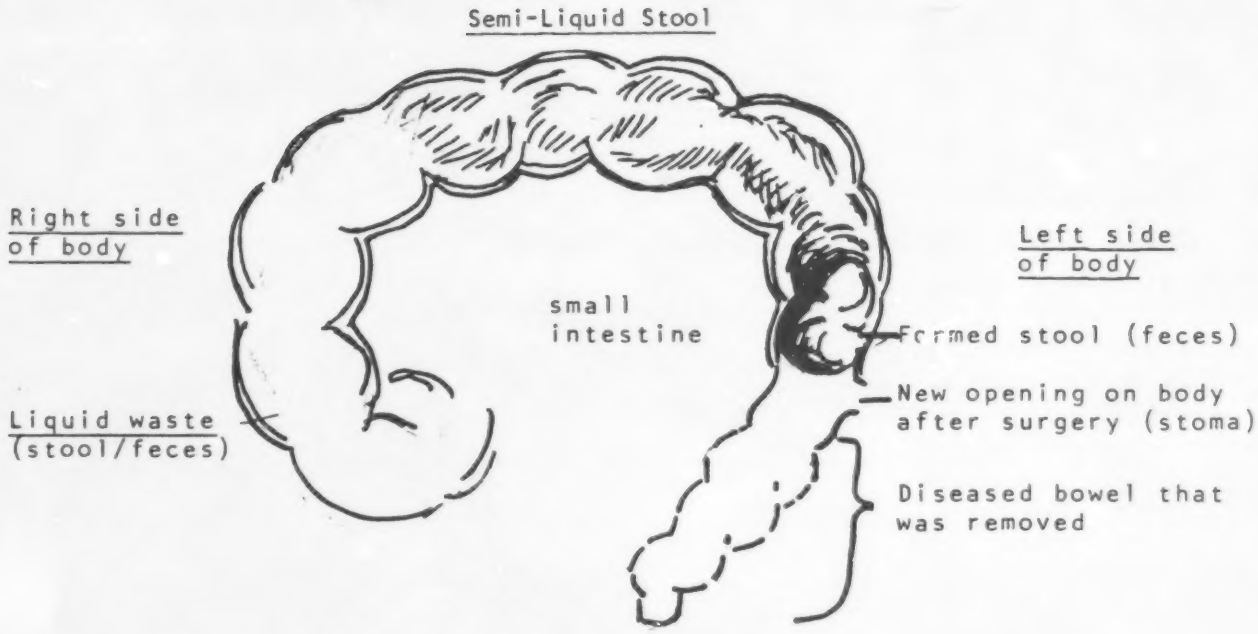
Describe the actual colostomy irrigation procedure

Describe the necessary care after you finish the irrigation

PRACTICE EXERCISE #1

Input

The primary functions of the large intestine (colon) are to absorb fluids and to act as a storage depot for solid waste products (feces or stool) that the body can no longer use. By the time the waste products have traveled along the colon to the left side, or descending portion of the large intestine, most of the fluids that were useful to the body have been absorbed and the elimination (end product) is formed stool. The fact that this is formed stool is the important characteristic of a sigmoid colostomy that enables a patient to control the colon by irrigations (instilling water into the colostomy opening) on a daily or every other day schedule.



PRACTICE QUESTION #1

Name the important characteristic of a sigmoid colostomy that indicates it can usually be controlled.

FEEDBACK

The waste product eliminated (passed) from the sigmoid colosotmy is formed stool.

PRACTICE EXERCISE #2

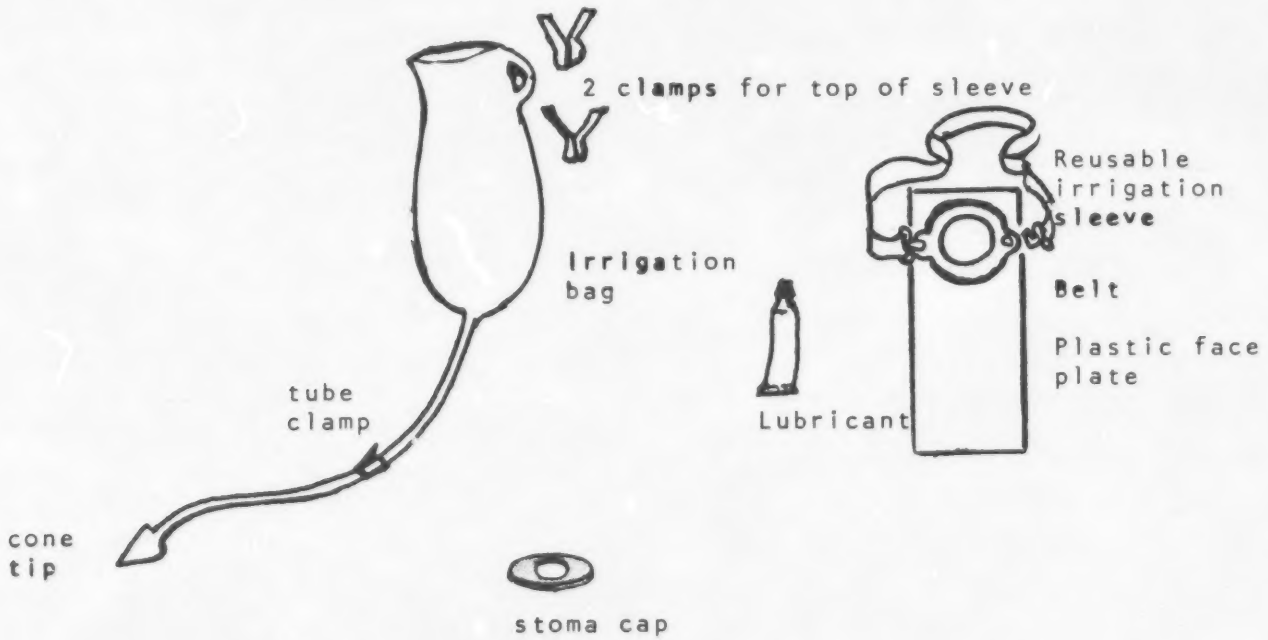
Input:

Assembling the correct equipment before starting a colostomy irrigation is vital. You will need:

1. Irrigation bag with tubing connected.
2. Cone tip at other end of tubing.
3. Lubricant.
4. Irrigation sleeve. Many types are available on the market. Some are reusable, others are disposable. Reusable sleeves have a plastic faceplate, not paper, and a belt.
5. 2 clamps.
6. Stoma cap (to be applied after completion of colostomy irrigation).

You will also need a place to hang the irrigation bag in the bathroom that will allow the bottom of the bag to be level with your shoulder when seated on toilet.

These are important items. Reread this list several times before going further.



PRACTICE QUESTION #2

List the main pieces of a colostomy irrigation set that you will use.

FEEDBACK

Laundry lists are sometimes difficult to remember. If you are having difficulty, reread the list again.

1. Irrigation bag with tubing.
2. Cone tip.
3. Lubricant.
4. Irrigation sleeve.
5. 2 clamps.
6. Stoma cap.

PRACTICE EXERCISE #3

Input:

1. Close the tubing on the irrigation bag with its attached clamp.
2. Fill irrigation bag from the top with one quart of lukewarm water.
3. Hang the irrigation bag so that the bottom of the bag is at shoulder level when seated on commode.
4. Release the clamp on the tubing long enough to allow water to run through which in turn releases all air from tubing.
5. Clamp tubing again once water has flowed freely through end of tubing.
6. Apply irrigation sleeve being sure to have the intestine opening (stoma) in the center of the opening on the sleeve.
7. Turn up the long end of the sleeve at least 6 inches.
8. Sit on the commode allowing the long end of the sleeve to hang freely into the toilet between legs.
9. Apply a light coating of lubricant to the lower third of the cone tip.

PRACTICE QUESTION #3

Describe preparation needed before colostomy irrigation can be done.

Feedback

Don't feel discouraged if you are having a difficult time with this material. Being fully prepared ahead of the actual irrigation procedure is half the battle.

1. Clamp tubing.
2. Fill irrigation bag with one quart warm tap water.
3. Hang bag at shoulder level.
4. Release clamp from tubing until free flow of water.
5. Clamp tube again once air is out.
6. Apply sleeve.
7. Turn up end of sleeve 6 inches.
8. Sit on commode with sleeve hanging between legs.
9. Lubricate lower third of cone lightly.

PRACTICE EXERCISE #4

Input:

Now on to the actual sigmoid colostomy irrigation procedure.

1. Working through the top of the irrigation sleeve, insert cone into opening of intestine (stoma) until mild resistance is met. Purpose of cone is to hold water in intestine. Cone must be held in place.

2. Release clamp on tubing again allowing water to slowly run into intestine. If any cramping occurs, turn off water flow by clamping tube for one minute. After one minute has passed, open clamp allowing water to flow again.

3. When the irrigation bag is empty, remove cone tip from stoma.

4. Fold over top of irrigation sleeve and clip shut with two enclosed clamps.

5. After a couple of minutes, the initial flow of water and waste (stool) have been expelled. The clean end of the sleeve that was turned up during preparation is now unfolded and brought up to the top of the sleeve so that they can both be folded together to allow person to walk around without leakage of stool.

6. After water has been in intestine 30 - 40 minutes, elimination is usually complete.

7. Open clamps at top of irrigation sleeve and place long end of sleeve into commode to dispose of waste.

8. Rinse sleeve by pouring water into the top opening and allowing it to run into commode.

Relax - things are looking up. You are getting close to the end.

PRACTICE QUESTION #4

Describe the irrigation procedure.

FEEDBACK

Smile — you have finished 80% of this project.

1. Insert cone.
2. Release clamp to allow water to be instilled into intestine.
3. Instill all of water.
4. Close top of sleeve with 2 clamps.
5. After initial flow of water has occurred, usually in a couple of minutes, fold up bottom of sleeve to the top and clamp together to allow walking around without leakage of stool.
6. After 30-40 minutes, elimination is usually complete.
7. Open clamp to allow long end of sleeve to empty into commode.
8. Rinse sleeve through top opening.

PRACTICE EXERCISE #5

Care after the irrigation procedure is also important.

Input:

1. Remove sleeve from body. If sleeve is reusable, wash with soap and water, then hang to dry. If sleeve has an adhesive backing, dispose of entire sleeve in trash.
2. Wash, rinse and dry skin around stoma opening.
3. Remove paper covering adhesive backing on stoma cap and apply cap to skin, covering stoma.

PRACTICE QUESTION #5

Describe the care after colostomy irrigation is finished.

FEEDBACK:

1. Remove sleeve and cleanse if sleeve is reusable. Throw disposable sleeves in trash.
2. Cleanse and dry skin around stoma.
3. After removing paper covering adhesive on stoma cap, apply cap to skin covering stoma.

POST TEST

1. What is the important characteristic of a sigmoid colostomy that indicates if it can be controlled.
2. List the equipment needed to be assembled before irrigation procedure.
3. Describe the preparation necessary before the irrigation procedure.
4. Describe the colostomy irrigation procedure.
5. Describe the care after a colostomy irrigation is finished.

KEY

I. Formed stool.

II.
1. Irrigation bag with tubing
2. Cone tip
3. Lubricant
4. Irrigation sleeve
5. Stoma cap
6. 2 clamps

III.
1. Clamp tubing
2. Fill irrigation bag with one quart of lukewarm tap water.
3. Hang bag at shoulder level
4. Release clamp from tubing until water flows freely
5. Clamp tube once air is bled out
6. Apply sleeve
7. Turn up end of sleeve 6 inches
8. Sit on commode with end of sleeve hanging in toilet between legs
9. Lubricate lower third of cone lightly.

IV.
1. Insert cone into stoma opening
2. Release clamp to allow water to pass into intestine
3. Instill all of water
4. Close top of sleeve with 2 clamps
5. Can walk around after clamping bottom of sleeve to top to avoid leakage
6. Usual time needed for elimination is 30-40 minutes
7. Open clamp to dispose of waste into commode
8. Rinse sleeve

V.
1. Remove sleeve. Cleanse if reusable and dispose of if not.
2. Cleanse and dry skin around stoma
3. Discard paper backing on stoma cap and apply cap to cover stoma

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GIVING AN ENEMA TO AN ADULT

OR

UP THE DOWN STAIRCASE

By

Clarice R. Bates

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TITLE OF PACKAGE:	Giving an Adult an Enema
AUTHOR:	Clarice R. Bates
INSTITUTION:	Lane Community College, Eugene, Oregon
INTENDED STUDENTS:	General public; nursing
ESTIMATED WORKING TIME:	20 minutes
MATERIALS NEEDED:	Enema container with tube; clamp; lubricant such as K-Y jelly, water-1 qt.; 2 bath towels; a person to receive the enema or a doll with a rectum. Optional: gloves, bath thermometer
REVISED:	Nov. 17, 1977

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INTRODUCTION

Some Adult in your house needs an enema and you are elected to be the one to give it, Right? "But I don't know how!" "I don't know if I'm going to like this." Those and other unlovely thoughts are probably going through your mind. Well, if you can successfully elect someone else for the job, feel free. (But pass on this module.) However, if you are the chosen one, you might as well get on with it.

Cheer up. It really isn't bad. The enema is only somewhat messy and your hands are "wash and wear." We'll teach you how to give it. It isn't really all that hard.

Practice it once through "pretending" as you read. Then go ahead and do the real thing. The job needs to be done and the person receiving the enema will appreciate your help, even if he doesn't get around to saying so.

As you work through this unit, assemble the necessary equipment. Prepare the water, equipment, and the person who is to get the enema. You will learn to make sure the person getting the enema doesn't have abdominal pain, to insert the tube correctly, and to give the enema solution.

In order to give an enema, you will have to get a few pieces of equipment. First of all, you will need the enema container itself. It may be a bag or a bucket. It comes with a flexible tube which has holes at the far end. It should also have a clamp on the tube. These three pieces of equipment come as a unit in most drug stores. You can also borrow one from a friend if you are careful to clean it THOROUGHLY before and after use. Next, you will need to have some lubricant. K-Y jelly works well for this purpose and is also available in drug stores. Disposable gloves are nice to have, but not essential as you clean your hands thoroughly before and after you give the enema. In order to keep things nice and tidy, two bath towels will be needed.

Now, in addition to this basic equipment, you also will need the solution that you are going to use. For this module, we will assume you will be using tap water. It would be nice to have a bath thermometer to measure the temperature of the tap water, but it is not necessary.

Practice Question #1

Name and assemble the equipment that you need in order to give the enema.

Feedback

If you said: 1. enema container, 2. tube, 3. clamp, 4. lubricant 5. water, 6. bath towels, you've got the answer. If you added the optional gloves and thermometer, you are really on the ball!

First clamp the tubing. Then, put about a quart of warm water into the container. How warm should the water be? This is a good question because if the water is too warm, it can burn the person. If it is too cold it can cause cramping. The ideal temperature is between 105° and 115° F. (40.5 to 49° C.). Use a bath thermometer to test this if it is at all possible. Do not use a standard fever thermometer because it will break at 115°. If you don't have the right kind of thermometer, a fairly reliable rule of thumb is "baby bottle warm." To test this, sprinkle a few drops of the water on the inside of your wrist. If it feels hot, it is too hot. If it feels cool, it is too cold. If it feels just right, use it. (Does this remind you of the three bears?) It is better to have it too cold than too hot.

Practice Question #2

How much water should you use and what temperature should the water be?

Feedback

It takes one quart of water. Did you remember? Good. If you said that the measured temperature should be 105° to 115° F. or 40.5° to 49° C., you are just right.

If you have no thermometer, use the inside of your wrist to be sure the water feels "just right." Did you say that? Great.

Put the end of the tube over the sink, or a basin, or even a towel if you are prepared to be careful. Open the clamp and let the water fill the tubing. Then, reclamp the tube. It is necessary for the container to be slightly higher than the end of the tubing for the tube to fill completely. Filling the tube in this way warms the tube and decreases the cramping that air can cause in the abdomen.

Lubricate the last two inches of the tube with K-Y jelly or similar water-soluble lubricant. This will make it much easier to insert the tube and much more comfortable for the person getting the enema.

If you are going to wear gloves, now is the time to put them on.

Practice Question #3

What two things should you do to the tubing to prepare it?

Feedback

If you said that you should fill the tube with water and lubricate the last two inches of the tip, you have this section down pat. Go on.

You have the solution and equipment ready. Now, you need to prepare the person getting the enema.

It is wise to plan ahead of time with the person about where he is going to have the bowel movement after the enema is finished. If you wait to plan this until the enema is given, it is sometimes too late, and you have a mess. If you are in the bathroom, the toilet is a logical place. If you are giving the enema to someone in bed, be sure to have a bedpan or bedside toilet handy. It is really very hard for a person to keep that amount of solution inside once his bowels have given the signal to empty.

It seems logical that you should have the person getting the enema seated on the toilet. Right? Wrong! Gravity almost assures that the solution will run out almost as fast as it runs in and will do almost no good at all. There are three acceptable positions for the one who is getting the enema.

1. If you are giving the enema to yourself, you can lie on your back with your knees bent. (This is tricky, but it can be done.)

2. It is possible to have the person getting the enema to get on "all fours," lower his shoulders and head to the floor and raise his "fanny" into the air. Most people find this unnecessarily undignified and it is a difficult position for people who are already weak from illness.

3. Most people prefer lying on their sides with the upper leg bent at the knee and hip. This is a perfectly good position and since it is the most comfortable and most dignified, it is the logical choice in most cases. It has been generally accepted that doing the enema on the left side works best because in this position the bowel itself goes downward, thus allowing the fluid to go further into the bowel as gravity causes the water to go downward.

4. If you are doing the enema in the bathroom, spread the towels on the floor and have the person lie on top of them. Yes.....I do mean to have them lie on the floor. It really does work best that way.

Practice Question #4

What is usually the best position for the person receiving the enema? Why should you NOT put the person on the toilet?

Feedback

Did you say that the best position was lying on the side on the floor? And, that if the person is on the toilet, the water runs out of him - and does no good? Good. See, this isn't so hard, is it?

STOP!! Before you do another thing, ask yourself, "Does this person have abdominal pain or a belly ache?"

Never, repeat, NEVER give an enema to a person who is having abdominal pains or a belly ache. That can be a sign of appendicits. If a person with appendicitis is given an enema, the appendix may rupture or tear - resulting in infection and possible death. So, if the person has a belly ache, call the doctor. DO NOT give an an enema.

Practice Question #5

In what situation would you NOT give an enema?

Feedback

If you said that you won't give an enema if the person has abdominal pain or a belly ache, you are absolutely right.

OK, now you have made certain that the person does NOT have abdominal pain, and you have your equipment and patient ready, go ahead with the giving of the enema.

The actual giving of the enema is not terribly hard, but it does take either a little planning - or three hands. Most right-handed people find that the following method works pretty well. (If you are a lefty, just reverse everything.)

1. Place the solution on the floor (or bedside table) and,
2. With the left hand, lift the upper buttock to expose the anus (the end of the rectum where the stool comes out).
3. Take the tube in your right hand, grasping it about two inches from the tip, and gently push the tube about two to four inches into the anus.
4. If the tube meets resistance, pull back slightly, allow a bit of solution to enter, and then gently reinsert. The solution seems to relax the bowels slightly which allows you to put the tube in. DO NOT FORCE THE TUBE INTO THE RECTUM. If you cannot insert the tube without a lot of pressure, call the doctor before continuing with the enema.

Practice Question #6

How far do you put in the tube? What do you do if you have trouble putting in the tube?

Feedback

The tube is put in from two to four inches. If you have trouble putting in the tube, withdraw slightly, allow a little water to go in, and then gently push the tube in. If it is necessary to force the tube, call the doctor before going on.

Did you get all of that? Great. See, it isn't really all that hard to do this. Keep going and you will soon be finished.

OK, you have the tube in place. Keep holding the tube with your right hand. With your left hand, take the container and lift it up that is about 18 to 20 inches above the anus. Open the clamp with the right hand and allow the water to run in. Sometimes it is helpful to have the person breathe through his mouth. This seems to relax people. (If you are using a practice doll, do not actually put in the solution.)

Continue to let the water run in. This takes about five to ten minutes. If the person has cramps, lower the container slightly for a short while and have the person mouth-breathe. Having an enema is a generally undignified and miserable thing, but it should never cause real pain.

Put all the solution in, or as much as the person can handle fairly comfortably. (It probably needs to be at least a pint to work well.) He should hold the water until he feels the need to empty his bowels. This is likely to be almost immediately, or it can be a few minutes. When the urge comes, he should go ahead and empty his bowels. Hopefully, you will have the bedpan or toilet handy.

Practice Question #7

How long does it take for the water to run in? What do you do if the person gets cramps? When should he move his bowels?

Feedback

It takes five to ten minutes for the water to run in. If he has cramps, lower the container and have him mouth-breathe. He should move his bowels whenever he feels like it. Did you get that? Good. You know how to give an enema now. Congratulations! Clean up your supplies, wash your hands, and reward yourself with a coffee break!

PRACTICE EXERCISE FOR THE OVERALL OBJECTIVE

By the time you reach this point, you should know how to give an enema.

Go ahead and give the enema. (If you are using a practice doll, please do not actually put in the solution. Dolls have very poor bowel control. Here's a checklist to help you remember what to do. Study it until you can carry it out without looking. Then try it on your own.

You must remember to:

1) Gather together the enema container, tube, clamp, lubricant, water, and bath towels. (Optional: gloves and thermometer.)

2) Put one quart of warm water into container. Temperature of 105° F. or "baby bottle warm."

3) Fill the tubing with water.

4) Lubricate the last 2 inches of the tube.

5) Place the person getting the enema in the right position:

   a. On the back with knees raised if you are the person
   b. On "all fours" with head and shoulders down, or
   c. (Best) On his side with upper leg bent at hip and knee.

6) Plan where he will empty his bowels.

7) BE SURE THE PERSON DOES NOT HAVE A BELLY ACHE.

8) Put the tube in 2 to 4 inches.

9) If you had trouble inserting the tube, withdraw the tube slightly, put in a little water, and gently push back in.

10) Hold the container about 18 to 20 inches above the anus as you let the solution flow in.

11) Lower the container briefly if the person has cramps.

12) Instruct him to move his bowels whenever he wants.

Feedback

Were you able to carry out the procedure?
Reread the list on this page and see if you forgot anything.
Remember, practice makes perfect!

SELF-CHECK

Instructions: Discuss in detail the steps necessary to help a person in your care take an enema:

1. What six pieces of equipment do you need?

2. What quantity and temperature of water do you need?

3. How do you prepare the tubing?

4. In what position do you place the patient? What event needs to be preplanned?

5. What do you do if the person has a belly ache?

6. How do you insert the tube?

7. What do you do if it seems hard to pass the tube?

8. How do you give the solution?

9. What do you do if the person gets cramps during the giving of the enema?

SELF-CHECK ANSWER KEY

1. You need the container, tube, clamp, lubricant, water, and towels. Option of gloves and thermometer.

2. One quart of warm (105° - 115° F. or "baby bottle warm") water, put in enema container.

3. Fill tube with water and lubricate the last two inches of tube.

4. Position: On side with upper leg bent at knee and hip. Also - on back with legs bent at knees, and on "all fours" with head and shoulders on floor. Plan place to empty bowels.

5. You call the doctor before continuing because if he has appendicitis the enema can cause rupture of the appendix or possibly death.

6. Lift buttock to expose anus and gently insert tube two to four inches.

7. If the tube meets resistance, withdraw slightly. Let a little water run in and then gently continue to insert. If you can't insert gently, DO NOT do it at all. Consult doctor.

8. Lift container 18 to 20 inches over anus, open clamp and allow water to run in as much as the person can hold.

9. If cramping occurs, lower container momentarily.

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